

Triad Insurance Agency  
Phone (808) 851-9205 • Facsimile (808) 845-1217  
www.triadhi.com

Date: September 22, 2003

To: Tracey Lewis  
At: Griffing Swan & Lai

From: Sherry Ishikawa  
sherry@triadhi.com

Re: Linda Blagrove

PLEASE BIND EFFECTIVE: \_\_\_\_\_  
No coverage is bound until confirmed by  
our office! Quote is valid for 30 DAYS.

\_\_\_\_\_  
Signature and Date

We can offer a commercial general liability quotation with Nautilus Insurance Company at the following limits of liability:

General Aggregate Limit	\$1,000,000
Prod/Comp Op Aggregate Limit	Included
Personal & Advertising Injury Limit	1,000,000
Each Occurrence Limit	1,000,000
Fire Damage Limit	100,000
Medical Expense Limit	5,000
Deductible (BI & PD incl LAE) per claim	500

Terms and Conditions:

x	Signed Application required to bind coverage	x	S091 Lead Contamination Exclusion
x	War, Military Action & Terrorism Exclusion	x	IL0021 Nuclear Energy Liability Exclusion
x	Amendment of Insuring agreement-Known Injury or Damage	x	S002 Contractual Liability Limitation (Incidental Contracts)
x	S038 Amendment of Liquor Liability Exclusion	x	S222 Class Limitations
x	Quote includes: Add'l Insured-Prem Fully Earned.	x	S261 Asbestos Exclusion
x	CG2144 Designated Premises Endorsement	x	S262 Silica Exclusion
x	Optional War & Terrorism Quote \$100 + 4.68 Tax. Attached disclosure form must be signed and returned to bind coverage		
x	S051 Additional Exclusions & Conditions Endt: Total Pollution; Employment Related Practices; Punitive or Exemplary Damages; Notice to Policyholders; Limitation-Other Insurance; Amendatory Endorsement-Employee Exclusion: Microorganisms, Biological Organisms, Bioaerosols or Organic Contaminants exclusion.		

Premium:	\$650.00
Surplus Lines Tax:	30.42
Policy Fee:	75.00
TOTAL PREMIUM:	\$755.42
Commission:	12%

Quotes are valid for 30 days from the date of transmission. This quote may not contain all terms and conditions requested.

Agent's Name Tracey Lewis  
 Agent's Agency GSL  
 Customer's Name Linda Blaggrave/si  
 Street/P.O. Box  
 City/State/Zip  
 Policy Number  
 Policy Start Date 092203  
 Policy Expiration Date  
 Retroactive Date

Limit: 1000/1000-0 (71)

RMF 01.000 x 01.000 x 01.150 = 1.15  
 Exmod. x Pkg. x D/S = RMF

RDF 01.000 x 01.000 x 01.000 = 1  
 Co.Dev x D/S x D/S = RDF

Loc	Code	Base	Incr	R.M.F.	R.D.F.	Exposure	Terr.	Rate	Premium
001	334-49451	23.50	*1.00	1.15	1	T10		4.025	40
001	*FLAT CHG AI	100	*1.00	*1.00	1	1			100

332 MINIMUM IS 0000  
 334 MINIMUM IS 0115  
 335 MINIMUM IS 0000  
 336 MINIMUM IS 0000

332 ACTUAL IS 0  
 334 ACTUAL IS 40  
 335 ACTUAL IS 0  
 336 ACTUAL IS 0

TOTAL PREMIUM IS 332 ACTUAL  
 PLUS 334 MINIMUM  
 PLUS 335 ACTUAL  
 PLUS 336 ACTUAL  
 PLUS \*FLAT TOTAL  
 EXPENSE CONSTANT

0.00 +  
 115.00 +  
 0.00 +  
 0.00 +  
 100.00 +  
 0.00 +

TOTAL PREMIUM IS

215.00

# CLASSIFICATIONS

49451 VACANT LAND - OTHER THAN NOT-FOR-PROFIT  
 INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS